

2006 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

FILED
Mar 20, 2006 8:00 am
Secretary of State

03-20-2006 90013 017 ****61.25

00017010



DOCUMENT # N00000005415 1. Entity Name A CHOSEN CHILD, INC.					
Principal Place of Business 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803			Mailing Address 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803		
2. Principal Place of Business Suite, Apt. #, etc.			3. Mailing Address Suite, Apt. #, etc.		
City & State			City & State		
Zip		Country		Zip	
Country		Country		4. FEI Number 59-3747096	
5. Certificate of Status Desired ☐				Applied For ☐ Not Applicable	
6. Name and Address of Current Registered Agent STROWBRIDGE, PATRICIA L 1516 E. COLONIAL DRIVE SUITE 200 ORLANDO, FL 32803				7. Name and Address of New Registered Agent Name Street Address (P.O. Box Number is Not Acceptable) City	
8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.				\$8.75 Additional Fee Required	
SIGNATURE: _____ Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating) DATE					
Filing Fee is \$61.25 Due by May 1, 2006		9. Election Campaign Financing Trust Fund Contribution. ☐		\$5.00 May Be Added to Fees	
Make check payable to Florida Department of State					
10. OFFICERS AND DIRECTORS			11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10		
TITLE NAME STREET ADDRESS CITY-ST-ZIP	PSTD STROWBRIDGE, PATRICIA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D RATCLIFF, LINDA G 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D HUTCHINSON, BARBARA 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	D BROWN, EDNA LMHC 1516 E. COLONIAL DRIVE, SUITE 200 ORLANDO, FL 32803	☐ Delete			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
TITLE NAME STREET ADDRESS CITY-ST-ZIP	☐ Delete	☐ Change ☐ Addition			
12. I hereby certify that the information supplied with this filing does not qualify for the exemptions contained in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.					
SIGNATURE: _____ SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR			March 17, 2006 407-894-1599 Date Daytime Phone #		

ATTACHMENT
20017910
A CHOSEN CHILD, INC.
A Licensed Child-Placing Agency

1516 E. Colonial Drive, Suite 200, Orlando, FL 32803
407-894-1599 • 1-800-339-3821 • 407-895-0675 (Fax) • 321-945-9069 (Cell) • www.achosenchild.com

Patricia L. Strowbridge
Executive Director

Edna Lippi-Brown, LMHC
Social Services Director

March 15, 2005

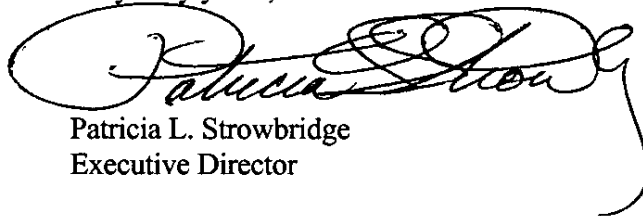
Division of Corporations
P. O. Box 1500
Tallahassee, FL 32302-1500

Re: A Chosen Child, Inc.
Document No. N00000005415

Gentlemen or Madam:

Enclosed please find the 2006 Not-For-Profit Corporation Annual Report for the above-referenced corporation, together with our check in the amount of \$61.25 as the fee to file this report.

Very truly yours,



Patricia L. Strowbridge
Executive Director

PLS:bh
Enclosures

Admin\Corporate & Licensing\Agency-Incorporation\LTR-CORP DIV 2006 ANNUAL REPORT.doc

From a Courageous Heart To A Loving Home